

COUNTERCLAIM; CERTIFICATE OF SERVICE; DECLARATION

Form #1DC14

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	<div style="display: flex; justify-content: space-between;"><div>Reserved for Court Use</div><div>Court Date:</div></div> <div style="display: flex; justify-content: space-between;"><div>REC. #</div><div>\$</div></div> <div style="border: 1px solid black; padding: 2px;">Civil No.</div> <div style="border: 1px solid black; padding: 2px;">Defendant(s)/Defendant(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)</div>
Defendant(s)	
COUNTERCLAIM	
<p>1. On or about _____, Plaintiff(s) owed money to Defendant(s) as follows: (Attach continuation page, if necessary).</p> <p>2. Defendant(s) asks for judgment against Plaintiff(s) in the sum of \$ _____. In addition, the Court may award court costs, interest and reasonable attorney's fees.</p>	
CERTIFICATE OF SERVICE	
I certify that a copy of this Counterclaim was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by <input type="checkbox"/> Hand-delivery or <input type="checkbox"/> Mail, Postage Prepaid, at the following address(es):	
Date:	<div style="border-bottom: 1px solid black; min-height: 20px;">Signature of Defendant(s)/Defendant(s)' Attorney:</div> <div style="border-bottom: 1px solid black; min-height: 20px;">Print/Type Name:</div>
DECLARATION	
I have read this Counterclaim, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PREJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE ABOVE IS TRUE AND CORRECT.	
Date:	<div style="border-bottom: 1px solid black; min-height: 20px;">Signature of Declarant:</div> <div style="border-bottom: 1px solid black; min-height: 20px;">Print/Type Name:</div>
In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.	
<div>I certify that this is a full, true, and correct copy of the original on file in this office.</div> <div style="border-top: 1px solid black; margin-top: 10px;">Clerk, District Court of the above Circuit, State of Hawai'i</div>	